



Rory B. Collins
Chief of Police

SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

TAXICAB OPERATORS APPLICATION CHECKLIST

The following are required in order to process your application:

1. Completed Taxi Cab Operators Application.
2. The results of a physical examination by a licensed physician.
3. A letter from the Taxi Cab Service for which you will be operating declaring your services are needed. This letter must be signed and dated by the owner of the company.
4. A Notarized Authorization to Release Information Affidavit.

*****Allow fourteen days for your application to be processed*****

NOTICE:

FAILURE TO SUBMIT THE REQUIRED ITEMS LISTED ABOVE WILL DISQUALIFY YOUR APPLICATION FROM FURTHER CONSIDERATION.

FAILURE TO PROVIDE ACCURATE INFORMATION DURING THE PROCESS WILL RESULT IN THE DENIAL OF YOUR PERMIT BEING ISSUED.



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Application for Taxi Cab Operators Permit

(Please print)

Full Name: _____

Home Address: _____

City/Town / State/ Postal Code: _____

Date of Birth: _____

Social Security Number: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Drivers License Number: _____ State: _____

Home Phone : _____

Cell Number: _____

Taxi Company you will drive for: _____

Automobile Insurance Company Name: _____

Policy Number: _____

Agent Name and Phone Number: _____

If substituting as a Driver which Taxi Owner/Operator will you be driving for:

(IMPORTANT NOTICE: FAILURE to provide complete and accurate information will result in your Taxi Operators PERMIT application being denied)

| | | | |
|--|---------------------------|---------|--------------|
| CRIMINAL and Traffic violations and convictions: | | | |
| Date: | County Court was held in: | Charge: | Disposition: |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

(If more space is needed add pages to the application with information formatted as it is above.)

AFFIDAVIT OF (Full name printed)_____

SIGNATURE in FULL)_____

Sworn and subscribed before me this: _____ day of _____, 201_____

SIGNATURE OF NOTARY:_____

My commission expires

on:_____

TAXICAB DRIVER APPLICANT PHYSICIAN STATEMENT

--This statement must be completed, signed and dated by a licensed physician. City Ordinance Sec. 25A-40(b)(2) requires that this information is provided when you submit your application. Your application cannot be processed until this statement is returned.

To Be Completed by a Physician:

I certify that _____ is not inflicted with any disease, affliction or disability which would materially impair his/her ability to drive a taxicab in a safe manner.

Eyesight of Applicant: _____

Hearing of Applicant: _____

Physician Signature _____ Date _____

--Note to Applicant--

You must also submit the results of a physical examination by a physician. The statement above, by itself, will not satisfy requirements.



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AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, am an applicant for a **Taxi Cab Driver Permit** with the Salisbury Police Department. In order to process my application, certain information must be made available to the Chief of Police of the City of Salisbury. This information is for my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions, consumer reporting agencies, doctors and any other persons, institution or organization and all governmental agencies and instrumentality's (local, state, federal and foreign); wherever said individuals or organizations are situated, to release to the Chief of Police of Salisbury, or any representative thereof, any document, information record or file that he deems material to processing my application for **Taxi Cab Driver Permit**. Said information can be furnished if the request thereof is made in person or in writing.

Further, I release all said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Chief of Police or his representatives, and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Chief of Police or his representatives as my agent for the purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

AFFIDAVIT OF (FULL NAME PRINTED) _____

I, the undersigned, being duly sworn, deposes and says as follows:

I am the person who executed the above authorization; I understand its meaning, intention and effect and that the statements therein are true and correct. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE (IN FULL): _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 200_____

SIGNATURE OF NOTARY:

My commission expires: _____